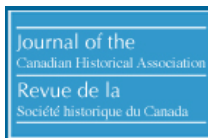


Journal of the Canadian Historical Association
Revue de la Société historique du Canada



Contact Across a Diseased Boundary: Urban Space and Social Interaction During Winnipeg's Influenza Epidemic, 1918-1919

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Volume 13, numéro 1, 2002

URI : <https://id.erudit.org/iderudit/031156ar>

DOI : <https://doi.org/10.7202/031156ar>

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Éditeur(s)

The Canadian Historical Association/La Société historique du Canada

ISSN

0847-4478 (imprimé)

1712-6274 (numérique)

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Citer cet article

Jones, E. W. (2002). Contact Across a Diseased Boundary: Urban Space and Social Interaction During Winnipeg's Influenza Epidemic, 1918-1919. *Journal of the Canadian Historical Association / Revue de la Société historique du Canada*, 13(1), 119-139. <https://doi.org/10.7202/031156ar>

Résumé de l'article

Au cours de l'épidémie de grippe de 1918-1919 à Winnipeg, plusieurs centaines de femmes, majoritairement des Anglo-canadiennes issues des classes moyennes et supérieures, se sont portées volontaires pour soigner et nourrir les victimes de cette épidémie, qui avait particulièrement frappé les pauvres du nord de la ville. Ce rapprochement entre les victimes et les bénévoles, entre les quartiers du nord et du sud, renforça la cohésion sociale, mais s'avéra aussi une expérience perturbante à la fois pour les bénévoles et pour l'ensemble de la communauté. Dans son étude, Esyllt Jones a recours à la notion de « zone contact », développée par Mary Louise Pratt, pour démontrer qu'en dépit de ses extraordinaires bénéfices, l'interaction sociale, en rapprochant deux mondes qui ne se fréquentaient pas normalement, fut en fait une source de tension. On trouva un moyen d'atténuer partiellement cette tension en choisissant mieux les bénévoles, en appliquant des principes méthodiques de gestion et de professionnalisme, et en présentant une héroïne idéale comme modèle à suivre. Toutefois, chaque femme avait ses propres raisons de se porter bénévole, ce qui rendait la situation plus équivoque.

Contact Across a Diseased Boundary: Urban Space and Social Interaction During Winnipeg's Influenza Epidemic, 1918-1919¹

ESYLLT W. JONES

An enduring motif in the history of early twentieth-century Winnipeg is the one hundred and twenty-five miles of tracks in the rail yards that marked a boundary between the prosperous bourgeois Anglo-Canadian world south of the tracks, and the slums of British and European immigrants and workers on the north side. The term "North End" – "Foreign Quarter", "CPR Town"², or, "Jewtown" in the more nativist press³ – was (and remains today) a powerful representational symbol, denoting more than geographic location. The district has been depicted in works of literature like John Marlyn's *Under the Ribs of Death* as a "dirty, foreign neighbourhood ... an endless grey expanse of mouldering ruin."⁴ At the end of the Great War, spatial segregation was based upon the intersection of ethnicity and class, as most working-class European immigrants lived and worked north of the Canadian Pacific Railway yards.⁵ The North End was a place apart, virtually unknown to the middle and upper classes, physically isolated from the southern part of the city by the rail yards, which were often clogged with freight and passenger trains, limiting freedom of movement across the city. As a result, historian Alan Artibise argued nearly thirty years ago, "the image of the north end held by those living in the rest of the city was rarely disturbed by reality."⁶ The city's wealthy and poor lived in "largely separate worlds."⁷

1 Thanks to SSHRC and Associated Medical Services, Hannah Institute for the History of Medicine, for their financial support.

2 Alan Artibise, *Winnipeg: A Social History of Urban Growth, 1874-1914* (Montreal: McGill-Queen's University Press, 1975), 158.

3 Henry M. Trachtenberg, "'The old clo'move': Anti-Semitism, Politics, and the Jews of Winnipeg, 1882-1921" (Unpublished Ph.D. thesis, York University, 1984), 168.

4 John Marlyn, *Under the Ribs of Death* (Toronto: McClelland and Stewart, 1957, reprinted 1993), 9. Marlyn emigrated from Hungary as an infant with his parents, in 1912. He grew up in the North End.

5 Daniel Hiebert, "Class, Ethnicity and Residential Structure: the Social Geography of Winnipeg, 1901-1921," *Journal of Historical Geography* 17/1 (1991): 73.

6 Artibise, 160.

7 Daniel Hiebert, 61.

But there were moments when these separate worlds collided. The influenza epidemic of 1918-1919,⁸ which killed twelve hundred people and infected thousands, marked a moment not of separation, but of contact between classes and ethnicities. This paper examines one particular aspect of this contact and interaction: women's volunteerism and its ambiguous role in the struggle to maintain social order and to uphold the hierarchies of Winnipeg society against the disorder of epidemic disease.

Certainly, spatial, social, political, and cultural boundaries set the parameters for the response to influenza by the city's dominant classes and public health reformers. Viewing the North End as disease-ridden and prone to moral weakness, and fearing social disruption and unrest,⁹ health officials and philanthropists targeted the district in their anti-disease efforts, and vigilantly monitored the progress of the disease among North End families. Press accounts of suffering poor victims emphasised the otherness of their disease experience from the perspective of city elites.¹⁰ Despite the definitive imagery of separation and difference, however, significant interactions between north and south were taking place. Winnipeg lacked an adequate public health infrastructure to respond to the influenza epidemic. Although several hundred emergency hospital beds were opened to isolate and care for the sick, the health needs of the poor were met much as they had been in nineteenth-century

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- 8 An extensive body of literature exists on the influenza epidemic. The standard work on the United States is Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (New York: Cambridge University Press, 1989). For the Canadian context, see Janice Dicken McGinnis, "The Impact of Epidemic Influenza: Canada, 1918-1919," *Medicine in Canadian Society*, S.E.D. Shortt, ed. (Montreal: McGill-Queen's University Press, 1981); Maureen Lux, "'The Bitter Flats': The 1918 Influenza Epidemic in Saskatchewan," *Saskatchewan History* 49/1 (1997): 3-13; Margaret Andrews, "Epidemic and Public Health: Influenza in Vancouver, 1918-1919," *BC Studies* 34 (Summer, 1977): 21-44; Anne Herring, "'There Were Young People and Old People and Babies Dying Every Week': the 1918-1919 Influenza Pandemic at Norway House," *Ethnohistory* 41/1 (1994): 73-105; Mary Ellen Kelm, "British Columbia First Nations and the Influenza Pandemic of 1918-1919," *BC Studies* 122 (1999): 23-45.
- 9 The relationship between epidemic disease and unrest is well documented. Just a sampling of the literature includes Richard J. Evans, "Epidemics and revolutions: cholera in nineteenth-century Europe," in *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, eds. Terence Ranger and Paul Slack (Cambridge: Cambridge University Press, 1992), 149-73; Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge and Kegan Paul, 1985); R.J. Morris, *Cholera 1832: The Social Response to an Epidemic* (London: Croom Helm, 1976); Roderick McGrew, *Russia and the Cholera, 1823-1832* (Madison: University of Wisconsin Press, 1965); David Arnold, "Cholera and Colonialism in British India," *Past and Present*, 113 (1983): 118-51.
- 10 Studies of the scapegoating of immigrants for contagious disease include Judith Walzer Leavitt, *Typhoid Mary: Captive to the Public's Health* (Boston: Beacon Press: 1996); Howard Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore: Johns Hopkins University Press, 1997); Alan M. Kraut, *Silent Travelers: Germs, Genes and the "Immigrant Menace"* (New York: Basic Books, 1994).

epidemics: through charity and volunteerism. An extensive volunteer effort was organized by middle- and upper-class Anglo-Canadian women who ran a home nursing service and set up several diet kitchens in poorer districts of the city. This work drew women from different classes and ethnicities into contact with one another, and facilitated a physical, social, and emotional crossing of the north/south divide. During the intense and disruptive epidemic moment, women volunteers faced new and unsettling experiences. In the "contact zone," middle-class Anglo-Canadian women volunteers entered into close connection with the diseased other. Their own physical and emotional health was at risk, as they fought to save lives. While traveling among the diseased poor, some volunteers met working families who were in dire need of assistance and accepted it gratefully. In other cases, however, they encountered resistance to their interference.

The term "contact zone" is borrowed from Mary Louise Pratt. Her study of colonial encounters and travel writing describes the "contact zone" as

the spatial and temporal copresence of subjects previously separated by geographic and historical disjunctures, and whose trajectories now intersect ... A "contact" perspective emphasizes how subjects are constituted in and by their relations to each other. It treats the relations among ... travelers and "trav-elees," not in terms of separateness or apartheid, but in terms of copresence, interaction, interlocking understandings and practices, often within radically asymmetrical relations of power.¹¹

Pratt's contact zone, unlike the one described here, occurred on the colonial frontier. Nevertheless, conceptualizing social interaction during the epidemic as a contact zone seems applicable given the clear disjunctures in physical space and social power between the residents of north and south Winnipeg in this period. Perhaps more importantly, however, the construct of contact zone captures some of the unexpected and extraordinary qualities of social interaction during an epidemic, when lives normally lived apart intersected, and experience was shaped in ways other than the everyday. With contact, reactions were provoked. Members of the press, politicians, public health officials, and women themselves struggled to frame and explain the encounter, developing, for example, a narrative construction of feminine heroism. Heroism diffused the potentially subversive aspects of contact and interaction between north and south. Fearing that social distinctions would become blurred under the pressures of crisis, relief coordinators also introduced gate-keeping strategies that restated and reinforced boundaries of ethnicity and class.

Influenza was the most serious epidemic health crisis the city had ever faced. But contagious disease had long played its part in the city's social

11 Mary Louise Pratt, *Imperial Eyes: Travel Writing and Transculturation* (London: Routledge, 1991), 7.

relations. One of the most significant public health issues in early twentieth-century Winnipeg was the prevalence of typhoid, locally referred to as "Red River Fever." The city had the highest typhoid death rate of any North American or European city in the period and suffered severe epidemics in 1904 and 1905, caused by an unsanitary water supply and inadequate sewer systems. The poorer districts of the city surrounding the railroad tracks were particularly hard hit. For this, immigrants were themselves blamed. An investigation conducted by three local physicians concluded: "the filth, squalor, and overcrowding among the foreign elements is beyond our power of description."¹² A further investigation by Chicago's Dr. Edwin Jordan warned civic leaders that the North End's sanitary problems were a "menace" to the health of the entire city, and that "in sanitary matters the welfare of one section of the city is inseparably connected with that of another."¹³ Sanitary reforms were finally begun, including the building of a new aqueduct to secure a safe water supply, and a campaign to connect all Winnipeg homes to sewer lines. However, the North End did not lose its reputation as a focal point of disease, and as a threat to the health of Winnipeg's more prosperous citizens.¹⁴

The 1918 influenza epidemic was eventually to stoke these familiar anxieties. However, when the disease arrived in Winnipeg at the end of September, it did not immediately single out North End immigrants. The first flu cases were brought to the city by returning soldiers, twenty-three of whom were quarantined at the Imperial Order Daughters of the Empire (IODE) military hospital in Tuxedo, in the south end of Winnipeg, on September 30th.¹⁵ On Monday, October 7th, it was reported that two of these men had died, and two others lay near death. These soldiers were unlikely targets for blame; returning from the front, they were young men of whom Winnipeggers were particularly proud.

The first reported civilian death was that of a well-known member of the city's social elite: Mrs. A.K. Dysart, the wife of a prominent Winnipeg "King's Counsel", an active philanthropist and President of the St. Joseph's Orphanage auxiliary. She died of pneumonia on October 6th, "contracted through Spanish influenza."¹⁶ Mrs. Dysart's death may have galvanised the city's response. Health officials began daily reporting on the spatial progress of the disease. Although influenza initially spread through the wealthier districts of the city, health officials and the daily press monitored especially closely the influenza's progress into the North End. As in past epidemics, that district was viewed as

12 Quoted in Artibise, 229.

13 Ibid., 231.

14 This summary is taken from Alan Artibise, 225-35. See also Ian Carr and Robert Beamish, *Manitoba Medicine: A Brief History* (Winnipeg: University of Manitoba Press, 1999), 66-67.

15 *Winnipeg Tribune*, 30 September 1918, p. 1.

16 *Winnipeg Tribune*, 10 October 1918, p. 1.

a source of contagion, and its people as incapable of mounting an adequate response to the disease. It was believed that once established in the North End, the spread of influenza would be unstoppable.

Authorities were optimistic when, for several weeks, the North End remained “remarkably free from the malady”, according to their data.¹⁷ Nevertheless, on October 19th they announced specific public health measures focused on North End residents: “Means [are being] taken to educate the foreign residents of that district as to the grave danger of delay in combating the disease. Literature, printed in Yiddish and Ruthenian, giving warning and advise [sic] will be distributed North of the CPR tracks today.”¹⁸ As the epidemic spread, it was clear that health authorities had lost the battle to restrict its progress in the immigrant and working class districts of the North End. The district was severely stricken by early November.

The area residents suffered disproportionately from the disease, both in terms of the overall numbers of deaths, and the likelihood that infection would result in death, not recovery. By the epidemic’s end, the district’s death rate from influenza was 6.73 deaths per 1000 population, while the rate in prosperous south Winnipeg was 4.02 per 1000. Comparative mortality rates for those who contracted influenza were ninety deaths per thousand cases in the North End, and forty-six per thousand in the south.¹⁹ The material conditions of life among working families made prevention and recovery difficult: the pressing need to continue working to bring home the pay packet despite the risk of infection or the effect upon recovery; the lack of food, baths, clean clothes and bed linen, and heating fuel in the dead of winter; severely overcrowded housing, and apartments where windows could not be opened to improve ventilation. Burying loved ones became a serious challenge, as the average price of funerals skyrocketed above \$100. The death or illness of wives and mothers presented particular challenges in these households, as it was their task to provide the conditions needed to fight a disease. Individuals and families relied upon a range of options to overcome these challenges, from informal neighbourhood support, to mutual benefit societies, unions, and churches. When these networks failed, as they did most often for the most marginalized, sufferers might turn to community organizations like the Margaret Scott Nursing Mission or the All People’s Mission, or, as a last resort, to the municipal Social Welfare Council.

Instead of reporting these adaptive strategies, the press noted only the incapacity and helplessness of working-class and immigrant victims. Horror stories of human suffering among the poor, such as the following, appeared:

17 *Manitoba Free Press*, 17 October 1918, p. 5.

18 *Manitoba Free Press*, 19 October 1918, p. 5.

19 *Annual Report of the City Health Department*, 1919. City of Winnipeg Archives.

Five members of a family of six had contracted the disease and had been unable to advise the authorities. When the army captain called they had received no medical attention, and their wants had been attended by the remaining member of the family, who was a child of eight years of age.²⁰

Or:

A doctor hurrying away from a case of the "flu" yesterday was accosted on the street by a little child of seven. "Come in and wake my papa and mama," she said, "they have been asleep for three days." The doctor found the father and mother dead. The child herself was half starved as there was practically nothing in the house to eat.²¹

While these portrayals were likely reasonably accurate, they were probably not representative of working-class experience. Yet, they do suggest the sensationalised and tension-filled images of a diseased North End held by Winnipeg's social elites.

Recognising that public health measures inadequately met the health needs of the poor, and fearing the impact of widespread contagion, prominent middle- and upper-class women reformers and philanthropists responded by organising the Emergency Nursing Bureau and several food distribution centres. Six hundred and fifty women ultimately volunteered to help in these two efforts.²² The Emergency Nursing Bureau operated out of the Medical College on Bannatyne Avenue in central Winnipeg. In charge of the Nursing Bureau were Margaret Cameron, chair of the local Voluntary Aid Detachment, and Nora Hallam, president of the Women Teachers' Club. The Emergency Diet Kitchen was organised by Margaret McWilliams (then President of the Local Council of Women); Mrs. Colin Campbell (widow of Colin Campbell, Conservative MLA and former minister of education); Mrs. A. Code (daughter of brewery owner E.L. Drewery, president of the Women's Canadian Club, and future president of the Board of Management of the Margaret Scott Nursing Mission); and Edith Rogers (who in 1920 became Manitoba's first woman MLA, and at the time of the epidemic was active in procuring pensions for soldiers' dependants and widows). All of the diet kitchen organisers but one were active members of the Local Council of Women. The Council, arguably feminist but not militantly suffragist, was dominated by "middle class women in reasonably prosperous financial circumstances and, for the most part, of British or Ontario origin."²³

20 *Manitoba Free Press*, 13 November 1918, p. 5.

21 *Ibid.*, 14 November 1918, p. 7.

22 *Ibid.*, 25 November 1918, p. 5.

23 Wendy Heads, "Local Council of Women of Winnipeg 1894-1920: Tradition and Transformation" (Unpublished M.A. thesis, Manitoba, 1997), 213. The Council included the wives of prominent Winnipeg men, such as lieutenant-governors, provincial cabinet ministers,

Relief efforts benefited from the high level of women's volunteer mobilisation during wartime, the local nursing Voluntary Aid Detachment (VAD) being particularly important. The Emergency Nursing Bureau was led by a member of the local VAD. Influenza relief organisation resembled the philosophy and structure of the VAD movement. Volunteers were not required to have formal nursing training, although it was preferred. As much training as was possible under the circumstances was provided by the Bureau, under the leadership of Elizabeth Russell, the recently appointed head of the provincial Public Health Nursing program.²⁴

Historians Linda Quiney and Anne Summers have argued that women's volunteer nursing during the war was structured along class, ethnic, and racial lines.²⁵ The Canadian VAD, for example, excluded working-class women and non-Anglo-Canadian women from full participation. The evidence suggests that the Emergency Bureau followed the same pattern, and its coordinators exercised a gate-keeping function in influenza relief, in an attempt to narrowly define appropriate candidates to fill the volunteer nursing role. The volunteer bureau was careful to stress publicly that certain "qualifications" were needed to make one suited to go out into the community and into the homes of immigrants and the working poor. These informal qualifications were only vaguely articulated. Yet it was clear who was, and who was not, welcome. The most sought-after volunteers were not only trained nurses, but also teachers: not because they had particularly applicable skills, but because of their educational background and respectability. "An especial appeal is being made to teachers since they are women of training and education," a women's columnist for the *Free Press* noted.²⁶ Less welcome were young working-class women, as illustrated by the following exclusion of a working girl from the category of "nurse":

and leading capitalists. The Council was not an active proponent of women's right to vote, although the suffragist Political Equality League was affiliated to it from 1914 on (p. 221). Heads nevertheless concludes that the Council fits Nancy Cott's definition of feminism (p. 215).

24 *Winnipeg Tribune*, 30 October 1918, p. 1.

25 Linda Quiney, "Canadian Voluntary Aid Detachment Nurses in the Great War," *Canadian Bulletin for the History of Medicine* 15 (1998): 189-206; Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914* (London: Routledge and Kegan Paul, 1988). For further interesting commentary on the VAD movement, see Sharon Ouditt, *Fighting Forces, Writing Women: Identity and Ideology in the First World War* (London: Routledge, 1994), 7-46; Sandra Gilbert, "Soldier's Heart: Literary Women, and the Great War," in *Behind the Lines: Gender in the Two World Wars*, eds. Margaret Higonnet et al. (New Haven: Yale University Press, 1987), 197-226.

26 *Manitoba Free Press*, 2 November 1918, p. 10.

[volunteers] include some who are not qualified to nurse but who have offered to assist with housework ... One of the volunteers is a stenographer who after her day's work will cook and "tidy" the house and make life more comfortable for the epidemic sufferers.²⁷

A *Free Press* editorial further reinforced the exclusion of working-class women:

They cannot, in the majority of cases, undertake the responsibility of upsetting their firm's work, especially at this time when their places cannot be easily filled. They realize that they have no training for the work and their value would be problematical.²⁸

The class basis of the relief effort is also reflected in the absence from the organizing committees of prominent labour women, including Helen Armstrong and Lillias Veitch, both of the Women's Labor League. Middle-class women's organizations in the city, with the exception of the suffragist Political Equality League, generally did not welcome working-class and immigrant women into their ranks. The Women's Labor League never joined the Local Council of Women, for example, and the North End Women's Council was affiliated for only one year – 1917 – before 1920.²⁹ Relations between labour and middle-class activists were especially strained in 1918, due to the lack of support from the Council of Women for the civic workers' strike in spring of that year.³⁰ The failure to attract support from labour women was a reflection of the depth of class tension in Winnipeg. In Vancouver, by contrast, working class women undertook "... the specially arduous task of ministry in the homes of the helpless. This volunteer army recruited from organized labour and other circles has enriched our city's annals," according to the Reverend Ernest Thomas. This observation is not intended to deny that class identity was a factor in Vancouver's relief efforts: middle-class women – "cultured women and University professors who wore

²⁷ Ibid.

²⁸ *Manitoba Free Press*, 16 November 1918, p. 24.

²⁹ Wendy Heads, 221.

³⁰ *Western Labor News*, 4 October 1918, p. 8. The Women's Labor League withdrew its support for an upcoming conference on laws affecting women and children, because of the participation of the Local Council of Women, which the WLL accused of providing "female scab battalions" in the civic workers' strike. For a critique of the class and ethnic biases of feminism in this period, see Carol Lee Bacchi, *Liberation Deferred? The Ideas of the English-Canadian Suffragists, 1877-1919* (Toronto: University of Toronto Press, 1982) and Mariana Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925* (Toronto: McClelland and Stewart, 1991).

the white robes of the hospital" – stayed away from nursing in working-class homes.³¹

Ethnic distinction existed alongside that of class. The Nursing Bureau and the Diet Kitchen volunteers appear to have been virtually homogeneous ethnically. Judging from the names in a published list of volunteers, there were very few non-Anglo-Canadian women involved, with the exception of a small number of Jewish and Scandinavian women.³² The Jewish community operated its own relief agency. Working with the city's health department, the *Israelite Press* (the Yiddish paper) issued a call for volunteers, and opened a desk in their offices where Jewish girls and women could come forward. "All other nationalities in Winnipeg have organized for this purpose," the paper stated, noting that other ethnic groups had been approached by the city health officials to lend their support to nursing relief work.³³ Within days, a Jewish women's organization called the Red Magen David appealed again to "Jewish Daughters" to help out, particularly among the poor of the North End. President Mrs. S. Stockhammer noted the importance of Jewish efforts in relation to the dominant Anglo-Canadian elite:

Every girl and woman who is not tied down with small children to tend, should join as a nurse. We can't have the Christian citizens point at us and think that we are negligent and can't even take care of our own.³⁴

The success of her argument was indicated in the formation of a Jewish Aid Committee, chaired by a man, S. Hart Green. Based in the Talmud Torah Hebrew School, the committee organized nursing and food relief, but also raised a substantial amount of money – over \$4000 by the third week of November.³⁵ The kitchen supplied 150 to 200 families per day with food. Bedding was also provided. Medical relief was delivered by four trained nurses, two doctors, and four medical students, in addition to volunteers.³⁶ Although there were certainly class divisions within Winnipeg's Jewish

31 These quotations from the Reverend Thomas's sermon are taken from Margaret Andrews, "Epidemic and Public Health: Influenza in Vancouver, 1918-1919," *BC Studies* 34 (Summer 1977): 37, footnote #49. Howard Phillips argues that volunteerism in Cape Town, South Africa crossed "the usual barriers of race, class, and religion," but also provides evidence in a footnote that white women were reluctant to nurse "Blacks" and "Coloureds." *Op cit.*, p. 18; note #132.

32 *Winnipeg Tribune*, 23 November 1918, p. 3.

33 *Israelite Press*, 4 November 1918, p. 1.

34 *Ibid.*, 8 November 1918, p. 5.

35 *Ibid.*, 22 November 1918, p. 6.

36 *Ibid.*, 25 November 1918, p. 1. The level of formal relief organisation in the Jewish community may have been exceptional. The Icelandic, German, and Ukrainian press made no mention of similar efforts.

community itself, the evidence suggests that the desire to appear as active agents and as capable of mounting relief activities comparable to the dominant Anglo-Canadian community minimized the class exclusivity of the Jewish campaign.

No news of this work appeared in the English-language daily press, which focused exclusively upon the efforts of the Emergency Nursing Bureau and the Diet Kitchen. The Anglo-Canadian community was therefore allowed to maintain unchallenged its views of immigrants as dangerously victimised and unable to help themselves.

A final category over which organisers of the Emergency Nursing Bureau and the Diet Kitchen attempted to assert control was the age and perceived maturity of volunteers. Although it is impossible to determine the ages of women who volunteered, they were sometimes referred to in the press as "girl volunteers."³⁷ Nursing co-ordinators had misgivings about sending young women to homes where there were several ill household members, and attempted to assign volunteers so as to minimize the potential risks, according to Nora Hallam:

... we have not half enough volunteers. We need more women with nursing experience to offer their services and also more older women to take the special classes. We can't send young girls out alone to tackle cases where there are five or six persons ill. We send out nurses if we happen to have any, or at least older women to these, and reserve the younger girls for the lighter cases and where household help is needed more than nursing.³⁸

Calls came into the Emergency Bureau at all hours of the day and night, and callers were often desperate to receive help immediately. Sending young women out alone at night to poor neighbourhoods was to be avoided whenever possible. Men were also sent out to care for delirious patients; women were not considered "competent" in these situations.³⁹

Organisers' desire to limit the contact between girls and flu victims fit with contemporary fears and judgements of young female sexuality in the metropolis, as did their concern for girls' safety from sexual predators, an obvious subtext in anxieties about delirious male patients. As historians Carolyn Strange, Tamara Myers, Diana Pedersen, and others have pointed out, while working-class and middle-class girls and young women enjoyed "unprecedented ... economic and sexual autonomy"⁴⁰ in this period, they were also

37 *Manitoba Free Press*, 6 November 1918, p. 9.

38 *Ibid.*

39 *Ibid.*

40 Diana Pedersen, "Providing a Woman's Conscience: The YWCA, Female Evangelicalism, and the Girl in the City, 1870-1930," in *Canadian Women: A Reader*, eds. Wendy Mitchinson et al (Toronto: Harcourt Brace, 1996), 196.

subject to moral regulation. A girl's decision to exercise her autonomy often meant being labelled as "delinquent"⁴¹ if her behaviour could be construed as having crossed "the boundaries of normative femininity, meaning any threat to modesty and chastity."⁴² During World War I, an increasing number of delinquency cases were brought before Manitoba's Juvenile Court, for offences such as trespassing, disorderly conduct, and incorrigibility. Male and female delinquency in Manitoba was based not only upon categories of gender and class, however; children brought before the court were disproportionately those of European immigrants, rather than British.⁴³

Within the context of social anxieties over young female sexuality, the nursing profession expected young women "to embody the social standards of bourgeois femininity."⁴⁴ Standards of behaviour on and off the hospital ward were impressed upon young nurses in training, through repetition and ritual, disciplined routine, and symbolic systems such as nursing uniforms. As Kathryn McPherson writes, "nurses had to learn their part."⁴⁵ The epidemic posed a challenge for the organisers of nursing relief, because there was neither the time nor the resources for such lessons to be repeated and reinforced. Nevertheless, nursing leaders did make an effort. Elizabeth Russell attempted to implement a four-day training period for nursing volunteers, which proved to be extremely taxing for her and others responsible for the training.⁴⁶ The demand for care quickly overwhelmed the Nursing Bureau, and even minimal training apparently became a luxury.

Nursing leaders also attempted to provide a uniform for volunteers, to give women a visible presence as health-care workers, and to clearly distinguish

41 Tamara Myers, "The Voluntary Delinquent: Parents, Daughters, and the Montreal Juvenile Delinquents Court in 1918," *Canadian Historical Review* 80/2 (June 1999): 255; Jennifer Stephen, "The 'Incorrigible,' the 'Bad,' and the 'Immoral': Toronto's 'Factory Girls' and the Work of the Toronto Psychiatric Clinic," in *Law, Society and the State: Essays in Modern Legal History*, eds. Louis A. Knafla and Susan W.S. Binnie (Toronto: University of Toronto Press, 1995), 405-39; Carolyn Strange, *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930* (Toronto: University of Toronto Press, 1995), and "From Modern Babylon to a City Upon a Hill: The Toronto Social Survey Commission of 1915 and the Search for Sexual Order in the City," in *Patterns of the Past: Interpreting Ontario's History*, eds. Roger Hall, William Westfall, Laurel Sefton MacDowell (Toronto: Dundurn Press, 1988), 255-77.

42 Myers, 255.

43 Lorna Hurl, "An Analysis of Social Welfare Policy: A Case Study of the Development of Child Welfare Policies and Programmes in Manitoba, 1870-1924," (unpublished M.A. thesis, Manitoba, 1981), 152-154.

44 Kathryn McPherson, "'The Case of the Kissing Nurse': Femininity, Sexuality, and Canadian Nursing, 1900-1970," in *Gendered Pasts: Historical Essays in Femininity and Masculinity in Canada*, eds. Kathryn McPherson, Cecilia Morgan, and Nancy M. Forestell (Toronto: Oxford University Press, 1999), 182.

45 *Ibid.*, 181.

46 *Winnipeg Tribune*, 30 October 1918: p. 1.

them from prostitutes on the streets of the North End. The nursing uniform, McPherson has argued, “located nurses symbolically as workers, as women, as serving society, and as sexually contained.”⁴⁷ But the immediacy of the epidemic and the shortage of resources available to volunteer co-ordinators limited what could be done in this regard; the Red Cross was reduced to providing white armbands with a green cross.⁴⁸ This situation could hardly have been satisfactory to Russell or other nursing leaders like her.

In the aftermath of the epidemic, the inadequacies of care were used to bolster the boundaries of nursing as a trained profession. In her keynote address to the National League of Nursing Education in Baltimore in 1919, Ira Couch Wood used “that great call of the influenza” to set nurses apart from other women, and to highlight that nursing involved more than feminine nurture and emotion:

When that call came, I know of nothing more tragic than the women whose hearts were deeply touched and who came in hundreds and thousands saying “Can we do anything?” We realized that with all their good-heartedness and sympathy and emotion, they had no contribution to make because they had not a single day of training which would have shown them the way to be helpful in that great emergency.⁴⁹

While Wood’s evaluation was clearly exaggerated – the untrained did find a way to be helpful – her comments reflected the high stakes that nursing leaders assigned to the struggle over who was considered qualified to be called a nurse.

Models of female professionalism were implemented in other areas of influenza relief. Strict ritual and routine were observed in the bureaucratic regime of the Diet Kitchen. Largely through private donations of food, it managed to feed several thousand families throughout the city. A reporter with the *Free Press* provided an excellent (and comic) illustration of the principles of efficiency and order governing this effort. The article – entitled “Cheer-O! If You Get the Flu You May Have a Basket” – is worth quoting at length:

... a distinct atmosphere of cheerfulness was apparent ... a resolute spirit of lively energy, due probably to the fact that the work is now so systematized that each individual has her (yes, verily they are all of the feminine persuasion save the Boy Scouts and a young man in khaki whose duties I was unable to ascertain, but who appeared to act as a sort of animated “Keep to the right” sign in the hallway...). As I was saying, each individual has her particular duty

⁴⁷ McPherson, 182.

⁴⁸ *Manitoba Free Press*, 14 November 1918, p. 7.

⁴⁹ Quoted in Katrina Rodies, “That Great Call: The Pandemic of 1918,” *Nursing and Health Care Perspectives* 19/5 (1998): 205.

for which she is responsible, whether it be receiving contributions, assembling supplies for baskets, packing these, or some other form of usefulness necessary to the desired end which is the nourishing every day of three or four thousand sick people, convalescent people and well kiddies whose parents are too ill to provide for them.... a most capable telephone operator [is] a young lady who, like all the other workers, is giving her services free every day ... she must be, not merely an expert operator but a disciple of Annie Eva Fay, for only mind-reading could be responsible for her understanding of many of the messages which come in broken English over the wire and of the names over which the most acrobatic Anglo-Saxon tongue could not climb. Usually the calls for help come from doctors, nurses, ministers or district visitors and, where this is not so and a request is sent by an unknown person the case is verified ... so that there is no haphazard distribution of food ...⁵⁰

As calls came in, the operator took down family name, address, the number of ill family members, the number convalescing, and the number who were well, including children. This information was written on a form, which left room for the detailed food orders of the dietician. Reflecting the norms of scientific philanthropy, rather than undisciplined charity, families were expected to pay if possible. Another “business-like young woman enveloped in an apron” took a completed form to be filled at the “receiving depot.” When the box had been filled by a packer, it was ready to be distributed:

... it passes from her hands to those of an alert superintendent of transport service, who receives the mere men who present themselves as volunteer members of a sort of motor commissariat corps, and directs their attention to the piles of packages ... As each basket or box is carried for delivery the name and address is given to a helper who promptly lists it as sent out. And then the nifty boy scout steps in and busies himself carrying loads to motors, or, if the driver of the car be a woman, a scout accompanies her and delivers the parcel.⁵¹

The work of the diet kitchen was scientifically analysed and divided into discrete tasks in a way that would have pleased Frederick Winslow Taylor. It resembled a highly efficient factory production line: a workplace with strict rules and delineated roles.

Tasks were categorised by gender. In general, men played a marginal role not only in the co-ordination of charitable relief, but also in its implementation. Men were drawn into relief work to perform specific tasks for which women were considered unsuited, such as caring for potentially violent male patients. Other

⁵⁰ *Manitoba Free Press*, 16 November 1918, p. 8.

⁵¹ *Ibid.*

masculine responsibilities included driving “ambulances” (cars temporarily donated for this purpose) and chauffeuring nurses to their assignments. There were no specific skills involved, for example, in packing food, yet men were excluded from this work. The power of gendered roles remained essentially unchallenged, despite the acute shortage of volunteers. Provincial health officer Gordon Bell did offer separate volunteer classes for men beginning the first week of November. But the number of men who attended appears to have been small.⁵² As with the women, most male volunteers appear to have been middle class and Anglo-Canadian, including clergymen, teachers, and social reformers, although the press also reported that some “artisans” came forward as well.⁵³

The women who co-ordinated, shaped, and defined volunteerism attempted to embed the project with their own sense of class and ethnic distinction, and to shape it into an embodiment of social order and stability. This goal was to be accomplished by gatekeeping the participation of women, and by imposing order through principles of efficient management and female professionalism. Anglo-Canadian middle- and upper-class women carefully constructed the volunteer response, hoping to set tight parameters for who could be a volunteer, in what capacity, and under what rules. Yet women’s relief work also had the potential to become a *destabilising* force, rather than reinforcing social norms and boundaries. This potential for disorder was a risk taken by both individual women and the volunteer project as a whole, as women ventured into the world of Winnipeg’s others and crossed the north-south boundary to help the diseased. This encounter could impose social order upon chaos, by attending to the unmet needs of influenza victims. At the same time, the experience was highly unsettling and disruptive for women, provoking a heightened sense of community (that blurred the boundaries of class and ethnicity) and emotional bonds between volunteer and victim.

Women’s crossing of the north-south divide was not an unprecedented circumstance, of course, because Winnipeg’s female philanthropists and nurses had a tradition of home visitation.⁵⁴ Like their British and American counterparts, female reformers and philanthropists in Winnipeg had a legitimate position as public actors.⁵⁵ Although historians such as Mariana Valverde have pointed out that participants in these movements viewed working families as “helpless objects in need of study and reform,” not all contact was framed this

⁵² *Manitoba Free Press*, 6 November 1918, p. 5.

⁵³ *Winnipeg Tribune*, 7 November 1918, p. 6.

⁵⁴ For visitation and the work of the Margaret Scott Nursing Mission, see Helena McVicar, “Margaret Scott, A Tribute. The Margaret Scott Nursing Mission” (Unpublished paper, Winnipeg: 1939); Marion McKay, “Caring in Turbulent Times: a Social and Cultural Analysis of the Board of Management of the Margaret Scott Nursing Mission,” unpublished paper. The Children’s Home of Winnipeg records indicate that volunteers undertook home visitation. Children’s Home of Winnipeg, Case File 2298. Provincial Archives of Manitoba, P5436.

way. Some women challenged the often condescending and pessimistic middle-class view of working families. Influential settlement-house activist Jane Addams, for example, argued in a speech she gave in Toronto in 1897 to the National Conference of Charities and Correction that the privileged had much to learn from their contact with the poor. "It is impossible that you should live in a neighbourhood, and constantly meet people with certain ideas and notions, without modifying your own," Addams stated.⁵⁶ This more radical view of contact between classes and ethnicities embraced a challenge to social order.

Sent out to battle against death in intimate contexts, this was not life as these respectable middle-class women knew it, even, arguably, for those who were accustomed to philanthropic work. The "emotional work" of caring was both demanding and rewarding: in the epidemic context, it took on a heightened urgency.⁵⁷ These hundreds of volunteer women went, sometimes alone, to homes in poor neighbourhoods, without the accustomed training in appropriate roles and behaviour, and without the protective symbolic barrier of a nursing uniform. The physical and psychological pressures placed upon volunteers were extremely high. Whatever the prescribed rules and boundaries of caring for the diseased poor, relief workers confronted, face to face, not only illness and death, but also the conditions in which working families lived. The evidence about what this contact meant to them is fragmented, but there are glimpses into the disruptive quality of the experience, as well as its personal rewards. Eileen Pettigrew, whose study of influenza in Canada is based upon personal interviews and letters from influenza survivors, quotes women who stated that volunteer nursing during the flu was the most rewarding experience of their lives.⁵⁸ There are repeated stories of women, sometimes several of them together, working for long hours or days to save one or two lives in

55 See Valverde, *Age of Light, Soap and Water*, 30; Judith Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (Chicago: University of Chicago Press, 1992), 57; Martha Vicinus, *Independent Women: Work and Community for Single Women, 1850-1920* (Chicago: University of Chicago Press, 1985).

56 Quoted in Cathy James, "Reforming Reform: Toronto's Settlement House Movement, 1900-1920," *Canadian Historical Review* 82/1 (March 2001): 74. For further information on the settlement house movement in Canada, of which Winnipeg's All People's Mission was an important part, see Allan Irving, Harriet Parsons, and Donald Bellamy, *Neighbours: Three Social Settlements in Downtown Toronto* (Toronto: Canadian Scholars' Press, 1995). For a study of Hull House that emphasises spirituality, see Eleanor J. Stebner, *The Women of Hull House: A Study in Spirituality, Vocation and Friendship* (New York: State University of New York Press, 1997).

57 Further discussion of emotional work and women's volunteerism can be found in Bruce Scates, "The Unknown Sock Knitter: Voluntary Work, Emotional Labour, Bereavement and the Great War," *Labour History* 81 (November 2001): 29-49.

58 Eileen Pettigrew, *Silent Enemy: Canada and the Deadly Flu of 1918* (Saskatoon: Western Producer Prairie Books, 1983), 97.

working-class homes, refusing to leave despite the risk to their own health. Survivors sometimes stayed in touch with these women, expressing their gratitude in a number of ways, from buying chocolates to erecting memorials.⁵⁹

Some women felt a powerful emotional intensity in relation to their efforts to save lives. A volunteer nurse, for example, harshly criticised the apathy of young bourgeois women who failed to volunteer:

How can women refuse to listen to the cry for help from homes where Spanish influenza is raging? I can't think that they are unwilling to help. I hesitate to say that they are cowards, yet I know women who are in a position to help and are not doing so. If they have small families, that is another matter. One can not expect them to take the risk that other women would. But there are young women who can engage in riding, golfing, and every imaginable outdoor sport, but when a poor woman, sick with influenza, her temperature above 100, her children tossing to and fro in the struggle with the disease, her husband dead, when she calls for help there is no response from the healthy, leisure girl.⁶⁰

Although the identity of the speaker is unknown, she appears to be a middle- or upper-class woman: "I know women who are in a position to help." Her language suggests that poor women have a right to expect aid from the healthy and the economically secure of Winnipeg society. In the writer's mind, the failure of bourgeois women to respond indicates callousness, fear, and cowardice, qualities that arouse her shame and anger. She is, at least at this moment, more sympathetic to the poor woman with sick children than she is to the members of her own class. Women's spiritual values were also an important influence. Testimony from influenza volunteers attests to humanitarianism and Christian belief.⁶¹ As one woman recalled, "It was a time of the Golden Rule. Everyone did something to help."⁶² Like the indignant volunteer quoted above, this woman's comments hint at a sense of equality in crisis and of mutual social responsibility.

Judith Walkowitz has argued that nineteenth-century female charity workers "interpreted the slum as a backdrop for their own personal drama, a place to test their moral fiber or to enjoy the passing show."⁶³ Some women may have similarly seen the working class and immigrant homes where they

59 Pettigrew, "Professionals and Valiant Volunteers," *The Silent Enemy*.

60 *Winnipeg Tribune*, 9 November 1918, p. 2.

61 Howard Phillips, *"Black October": the Impact of the Spanish Influenza Epidemic of 1918 on South Africa* (Pretoria: the Government Printer, 1990), 233. Phillips has noted the ideals of self-sacrifice exhibited by white middle-class English speakers, for whom "'doing one's bit' and helping others ... were deemed to be the highest principles of dutiful humanity."

62 Elizabeth Vaughan, quoted in Eileen Pettigrew, *Silent Enemy*, 107.

63 Walkowitz, 57.

attended flu victims as a setting for their personal adventure and valour. Yet this is likely too narrow an interpretation of the motivations for influenza volunteerism. As recent work by Ellen Ross and Karen Tice suggests, the relationship between professional and volunteer women and their charges was complex and contradictory. While middle-class women exercised social power and attempted to reform the lives of those they considered their social inferiors, human interaction was seldom cut and dried. Despite the dictates of philanthropic or state professionalism, personal relationships were formed between client and reformer, bonds emerged, and middle-class women could be “filled with doubts and misgivings” about their role in the lives of working-class and immigrant women.⁶⁴ Thus, although influenza relief workers were part of a project that sought to contain the threat of the diseased other through mobilising the energy of a class- and ethnically-specific female volunteer, there is some question as to whether the actual experience of volunteerism could be neatly harnessed to this function.

A more explicit challenge to the motivation and goals of the relief project came from the diseased poor themselves. Volunteer co-ordinators discovered that their interventions were not always welcome. That volunteers and victims had different understandings of the epidemic’s events was fleetingly revealed in a series of exchanges in the pages of the *Free Press* between relief organisers and the caretaker of a set of apartment blocks called the Thelmo Mansions, which housed many European immigrants. Based upon the testimony of Nora Hallam, nursing relief co-ordinator, the *Free Press* presented a vivid picture of contagion and suffering in the blocks:

[it] is in a terrible state, practically every household being affected. Many of the suites are small and three and four patients lie in one room. A volunteer teacher who went in there on Monday night to nurse a man and woman and child, found them all in one room, the child very ill. All that night she worked over the baby, and all day on Tuesday. On Tuesday night an assistant was sent in and together they wrestled with death for the life of the little one, the parents knowing the struggle that was going on. The baby died on 2 o’clock yesterday morning and the mother’s condition at least is precarious ... There were more than a score of other cases, most of them in desperate need, on the waiting list.⁶⁵

The caretaker, Mr. Mitchell, who was subsequently interviewed by the paper, denied overcrowding in his building. He insisted that there were only thirty-six

64 Karen Tice, *Tales of Wayward Girls and Immoral Women: Case Records and the Professionalization of Social Work* (Chicago: University of Illinois Press, 1998), 129; Ellen Ross, “Good and Bad Mothers: Lady Philanthropists and London Housewives Before the First World War,” in *Lady Bountiful Revisited: Women, Philanthropy and Power*, ed. Kathleen McCarthy (New Brunswick: Rutgers University Press, 1990), 174-98.

65 *Manitoba Free Press*, 21 November 1918, p. 5.

victims in the building – not “practically every household” as the paper had previously reported – and that eighteen of these had already recovered. There had been only one death from influenza, that of an eighteen-month-old baby, who also had measles. Mr. Mitchell went further and stated that the residents of his building did not need or want the help of visiting nurses or of the Emergency Diet Kitchen. According to the reporter:

So far from food being needed by the inmates of the block, Mr. Mitchell insisted that they had the greatest difficulty in disposing of the provisions, only two baskets out of quite a number being accepted by patients.⁶⁶

This was not, however, the end of the controversy. Probably because of press coverage, which explicitly challenged the claims of relief organisers that help was going only to the needy, an inspector was sent out to the Thelmo Mansions by the Diet Kitchen. He discovered that only seven suites were placarded for influenza, and three for measles, thus supporting the caretaker’s version of the situation. The visiting nurse defended herself, and the broader nursing relief effort, by stating that “her patients simply could not have pulled through without the aid of the food sent them by the diet kitchen.”⁶⁷

Relief co-ordinators continued to believe that their work was needed, and to fear the consequences of unmet health needs. As the intensity of the situation deepened at the crest of the epidemic, the highly structured framework of nursing aid and food distribution faced the challenge not of too little, but too much, demand. In the second week of November, the number of new influenza cases approached several hundred per day. The need for nursing care exceeded the capacity of the Nursing Bureau to meet it. There were too few new nursing volunteers to relieve those who were exhausted, and these women were “on the verge of breakdown.” Still, many reportedly refused to leave their cases.⁶⁸ “Who Will Come to the Rescue?” asked the *Free Press*, commenting that “the reports to the [relief] committee Sunday morning made the members feel as if they were in old London in the time of the plague, rather than in a western city in the twentieth century.”⁶⁹ The co-ordinators began to worry that there were limits to what they could accomplish with only volunteer help. They became increasingly critical of the city government’s lack of intervention:

In an informal discussion ... the feeling was expressed that the civic authorities are not taking the matter with sufficient seriousness, and are not making as much effort as possible to secure a supply of temporary help. Many women

66 Ibid., 22 November 1918, p. 4.

67 Ibid., 25 November 1918, p. 5.

68 Ibid., 13 November 1918, p. 5.

69 Ibid., 11 November 1918, p. 4.

and men who would be willing to help cannot afford to drop their means of livelihood at the beginning of winter and take on this work at the risk of their lives, without remuneration. It was suggested that if the city would guarantee reasonably adequate wages to people willing to help but hindered by their circumstances, that it would bring a response.⁷⁰

These comments suggest that the organisers now realised that they had to recruit help from beyond women volunteers of their own class. But their appeal to government for financial aid, in the form of wages for relief workers, went unheeded. Help from working women was, therefore, difficult to secure.

The relief project, then, had a difficult balancing act to perform. Popular resistance, the risks of a too-close involvement and interaction with the diseased poor, and the need for organisational adaptation all suggest that women's volunteerism in the contact zone, while doing much to meet health needs and therefore stabilising community order, raised new issues of concern and created new sites of instability. Women's volunteerism was not merely a solution imposed upon a passive population, nor were its implications easily managed. As Mary Louise Pratt reminds us, even in a context of unequal power relations (as those between middle-class women and poor flu victims certainly were) modes of representation are shaped through interaction, from the centre to the periphery, and back again. How did the complex relationship between women volunteers and working class and immigrant flu victims define representations of women's volunteerism? What were the "interactive, improvisational dimensions"⁷¹ of representation, given the encounter between centre and periphery?

An important improvisational figure was the nursing heroine, who emerged as the embodiment of bravery, respectable feminine virtue, and civic responsibility in the later weeks of the epidemic. Toward the end of November, when officials felt the worst was over, the *Tribune* published a list of individuals who had volunteered as a VAD, as both nursing and food relief volunteers were now known. These 650 volunteers, almost all women, became the public heroes of the influenza epidemic. The *Free Press* described volunteer nurses as "heroes of mercy,"⁷² "making by far the greatest sacrifice and ... therefore those to whom the greatest honor should be done."⁷³ J.W. Armstrong, Provincial Secretary responsible for public health measures, promised that volunteer nurses would be given public recognition for their "anti-flu battle."⁷⁴ Premier Norris concurred that a medal would be an appropriate gesture:

⁷⁰ Ibid.

⁷¹ Mary Louise Pratt, 7.

⁷² *Manitoba Free Press*, 12 November 1918, p. 24.

⁷³ Ibid., 16 November 1918, p. 24.

⁷⁴ *Winnipeg Tribune*, 16 November 1918, p. 3.

I consider that a wonderful response has been made to the call for nurses on the part of our women, and undoubtedly the lives of many of our citizens have been saved by their devoted efforts. In no other way could the sick have been taken care of, and although we desire to maintain the volunteer principle actuating these devoted women, I think that some suitable recognition, possibly in the form of a medal, should be made by the province.⁷⁵

Not surprisingly, militaristic discourse was common.⁷⁶ The contribution of volunteer nurses was compared to that of Winnipeg's young male soldiers, who had sacrificed their lives and health to secure Allied victory in the Great War. The influenza epidemic was characterised by journalists and politicians as a golden opportunity for local "leisure" women to do voluntary aid work and thereby "emulate [their] sisters overseas."⁷⁷ Poignant tributes were given those volunteers who lost their lives to influenza. One of these was Mrs. Stanley Maw, who "sacrific[ed] [her] life in helping others." Mrs. Maw was the ideal influenza volunteer. She was "one of the most popular of the younger set" according to the press, belonged to a prominent family, and was newly married to the son of a local "pioneer" businessman. Through her volunteer work in the diet kitchen and delivering food to the poor, she contracted the flu, and died.⁷⁸

The women who volunteered to help the sick demonstrated personal courage and generosity of spirit. Nevertheless, representations of feminine heroism should not be taken at face value. The discourse of heroism (constructed primarily, though not exclusively, by men) provided only the most limited, clichéd descriptions of women's experiences as volunteers. It ignored the poignancy or confusion of the epidemic moment, the intensity of the emotional work these women did to save lives. Nor did heroic rhetoric capture the anger and frustration that volunteers and organisers felt at the lack of state response to the afflicted, and from the well-off women who callously ignored the plight of the victims.

Rather, tributes to women's sacrifice utilised the idea of the feminine to reshape an emergency that threatened social stability. Instead, it was made into an opportunity for a renewed femininity, moral improvement, and social cohesion. Women (and men) were reminded of the ideal of gendered caring and nurturing, relieving anxiety around women's increased occupation of public space. Heroic discourse appropriated potentially destabilising interaction in the contact zone of disease, ensuring that volunteerism was channelled into a force

⁷⁵ *Manitoba Free Press*, 14 November 1918, p. 12.

⁷⁶ For a study of military metaphors in the epidemic see Nancy Bristow, "Since the Flu Germs Have Started to 'Stack Their Arms': Military Metaphors and the Influenza Epidemic of 1918-1919," Paper presented to the American Association of the History of Medicine, April 2002.

⁷⁷ *Manitoba Free Press*, 16 November 1918, p. 24. *Winnipeg Tribune*, 9 November 1918, p. 4.

⁷⁸ *Manitoba Free Press*, 2 December 1918, p. 8.

to preserve, rather than dismantle, “normal” social relations, not only of gender, but just as importantly, of class and ethnicity. The elevated role of the heroic woman volunteer – leisured, respectable, Anglo-Canadian – attempted to reassert the spatial and social barriers between citizens. The North End’s working and immigrant families were categorised as victims, respectable middle-class women their efficient saviours. Both were uni-dimensional figures in a melodrama that little resembled the reality of the human experience of disease.

Viewing disease as a zone of contact offers us a more nuanced understanding of the precise processes through which epidemics raise social tensions and the responses of societies in their attempts to deal with those tensions. The influenza epidemic complicated the city’s north-south boundary, and the gap between wealthy and working-class, immigrant Winnipeg represented by that divide. This was a moment when the citizenry could no longer exist as if in separate worlds; influenza affected the entire community. Nevertheless, it was the infection of the poor that social elites feared the most. The volunteer project, in which women physically crossed from south to north, created a sense of reassurance in its ordered response to crisis. It restated social boundaries by emphasising the leadership and efficacy of Anglo-Canadian, middle-class women, and attempting to limit the participation of women outside of this group. Representations of middle-class feminine heroism, their power reinforced by juxtaposition with images of the helpless and hopeless poor, revealed some of the social tensions surrounding the volunteer role. There were aspects of women’s volunteerism in the contact zone that leaked outside the boundaries of its carefully managed organisation and image. The unsettling experience of aiding the diseased other and the intense nature of contact between volunteer and victim suggested the possibility of community, rather than separation. Women emerged not only with a sense of their own capacity as agents relative to their poor charges, but also with sadness, anger, and frustration. The epidemic was a significant example of the complex social and personal relationships at work beneath the image of north-south separation. Responses to influenza, heavily gendered, demonstrated that contagious disease events could bring to the foreground the co-presence and interaction of classes and ethnicities, with potentially subversive results in a socially and spatially divided community.